

FILED JUL 16 1957

STANDARD CERTIFICATE OF DEATH

23502
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Butler		c. CITY OR TOWN Butler 0071	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kling Apts.		d. STREET ADDRESS (If outside, give location) W. Ohio Kling Apts	
Length of stay in 1b 30 yrs.		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) Rose N Tallmadge		4. DATE OF DEATH Month June Day 24 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 9, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician		10b. KIND OF BUSINESS OR INDUSTRY Beauty Shop	9. AGE (In years last birthday) 72
11. BIRTHPLACE (City and state or country) Augusta, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John H. Collins		13b. MOTHER'S MAIDEN NAME Martha Flynt	
14. NAME OF HUSBAND OR WIFE Floyd C. Tallmadge		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, Unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 6000		17. INFORMANT Floyd C. Tallmadge Tucson, Ariz	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis (Sudden Onset) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic pyelonephritis DUE TO (c) 6000 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 hour 12 min 5 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY. Hour 4:30 Month Jan. Day 1 Year 1954 a.m. 4:30 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Butler Mo.	
21. I attended the deceased from death occurred at Jan. 1 1954 to June 24, 1957 and last saw her alive on June 24, 1957 4:30 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Carter H. Luter M.D.	
22b. ADDRESS Butler Mo.		22c. DATE SIGNED 6/25/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/26/57	
23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		23d. LOCATION (City, town, or county) (State) Butler, Missouri	
24. FUNERAL DIRECTOR Culver-Henderson		25. DATE RECD. BY LOCAL REG. June 26-57	
26. REGISTRAR'S SIGNATURE Kendall/Korrey		(Licensed Embalmer Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Robert S. Steinbuch*

Licensed Embalmer No. *4657*
P. O. Address *Butler, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.